



DETROIT METRO • WILLOW RUN
WAYNE COUNTY AIRPORT AUTHORITY

**SMALL BUSINESS ENTERPRISE
(SBE)**

**RECERTIFICATION
APPLICATION**

Published
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Wayne County Airport Authority
SMALL BUSINESS ENTERPRISE (SBE) RECERTIFICATION APPLICATION

SBE Program Recertification Requirements:

The objective of the recertification process is to ensure that the SBE certified company (SBE) remains in compliance with all requirements of the Small Business Enterprise Program. SBEs choosing to renew their certification for a two (2) year period must complete/submit the following:

- Recertification Application
 - Notarized Affidavit
 - Proof of Gross Receipts for the three (3) most recent years shall be provided as follows:
 - US Corporation Income Tax Filers – submit pages 1-5 of Form 1120
 - US Partnership Income Tax Filers – submit pages 1-4 of Form 1065
 - US Individual Income Tax Filers – submit pages 1-2 of Form 1040 and 1-2 of Sch. C
- NOTE: THE SIGNATURE PAGE MUST BE SIGNED OR THE APPLICATION WILL BE REJECTED*

Submit all Required Documents to:

Wayne County Airport Authority Purchasing Unit
Detroit Metropolitan Wayne County Airport
L.C. Smith Building – Mezzanine
Detroit, MI 48242
Phone: (734) 247-7900

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CONTACT INFORMATION		
Company name:		Federal Tax ID Number:
Headquarter Address:		County:
City:	State:	ZIP Code:
Phone:	Fax:	Website:
Authorized Contact Name:		Contact Title:
Contact Phone:	Contact Fax:	Contact E-Mail:

BUSINESS INFORMATION	
List the names and titles of all Individual Owners and Officers of the firm:	
Date firm became active and operational:	Current number of employees:
List the gross receipts of the firm for the most recent three (3) years: NOTE: Applicants must attach proof of gross receipts (see below for acceptable forms of proof) for the most recent three (3) years to this application.	
YEAR: 20____	\$
YEAR: 20____	\$
YEAR: 20____	\$

Proof of gross receipts shall be provided by submitting the following pages of the company Tax Returns:
 U.S. Corporation Income Tax Filers – submit pages 1-5 of Form 1120
 U.S. Return of Partnership Income Tax Filers – submit pages 1-4 of Form 1065
 U.S. Individual Income Tax Filers – submit pages 1-2 of Form 1040 and 1-2 of Schedule C
NOTE: THE SIGNATURE PAGE MUST BE SIGNED OR THE APPLICATION WILL BE REJECTED

List the North American Industrial Classification System (NAICS) Codes (found at http://www.census.gov/eos/www/naics/) and the National Institute of Government Purchasing (NIGP) Codes (found at https://www.michigan.gov/documents/budget/NIGP_Codes_268283_7.pdf) that correspond with the products and/or services your firm can provide to the Airport Authority.					
NAICS 1	NAICS 2	NAICS 3	NAICS 4	NAICS 5	NAICS 6
NIGP 1	NIGP 2	NIGP 3	NIGP 4	NIGP 5	NIGP 6

Have there been any changes in Ownership, Business Affiliations, or Type of Business Structure since last date of Airport Authority SBE Certification: If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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AFFIDAVIT

For a firm to be considered for Wayne County Airport Authority (Airport Authority) SBE Certification, this form must be signed by an authorized representative and notarized.

I, _____ (printed full name) affirm under penalty of law that I am _____ (position title) of applicant firm _____ (firm name).

I affirm that I understand all of the questions in this Certification Application and attest that all of the responses and statements in this Certification Application, attachments and supporting documents are true and correct to the best of my knowledge. I recognize that the information submitted in this application is for the purpose of approval by the Wayne County Airport Authority for participation in the SBE Program. I understand that the Wayne County Airport Authority may, by means it deems appropriate, determine the accuracy and truth of the statements in the SBE Certification Application for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its place(s) of business, and to permit interviews of its principals, agents, and employees in connection with this SBE Certification Application and if applicable, with participation in the Airport Authority SBE Program. I understand that refusal to permit such inquiries shall be grounds for denial of SBE certification and/or revocation of SBE certification if granted.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the Airport Authority current, complete and accurate information regarding: (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of SBE certification; debarment from Airport Authority contract award(s); and for initiating action under federal and/or state law concerning false statements, fraud or other applicable offenses.

To the best of my knowledge, the applicant firm meets the following criteria: (1) business headquarters or principal place of business is located within one of the following Michigan counties: Genesee, Lapeer, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, or Wayne; (2) average annual gross receipts over the most recent three-year period OR average number of employees in the preceding completed 12 calendar months (where applicable) does not exceed Small Business Administration (SBA) Size Standards; and (3) has been in business for a minimum of one (1) year. I certify that I will notify the Wayne County Airport Authority Procurement Division within thirty (30) calendar days in the event that my firm no longer meets the criteria of this Affidavit or of any changes to the information reported in the SBE Certification Application. I understand that failure to notify the Airport Authority Procurement Division within thirty (30) calendar days of any such change may result in revocation of certification as an SBE.

I further certify that I have the authority to execute this affidavit and give the above assurances.

Signature* of Authorized Representative _____ Date _____

**Original signature is required. Electronic signatures will not be accepted.*

NOTARY CERTIFICATE:

Sworn to and subscribed before me this _____ day of _____, 20_____.

My commission expires: _____

Signature

Printed Name

Notary Public, State of Michigan, County of _____
Acting in the County of _____